

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019782

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 267 Primary Registration District No. 5900 Registrar's No. 105

FILED JUN 15 1962

1. PLACE OF DEATH

a. COUNTY

Pemiscot

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN

BRAGGADOBIO TWP

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION

HIGHWAY 84

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Pemiscot

c. CITY OR TOWN

Hayti

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

604 East McKinley

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First William Middle Edward Last Price

4. DATE OF DEATH

Month June Day 3rd Year 1962

5. SEX

Male

6. COLOR OR RACE

White7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

3-13-1922

9. AGE (last birthday)

40

IF UNDER 1 YEAR

Months 2 Days 20

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Pool Hall

11. BIRTHPLACE (City and state or country)

Savannah, Tenn.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Thomas Harvey Price

13b. MOTHER'S MAIDEN NAME

Ara Elizabeth Harrison

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Mrs Mabel Foster - Bragg City, Mo.Address Box #161

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Quoted Skull - This man found deadon State Highway - Run over by hit andrun driver

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☒

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Run over by Automobile on State Highway

20c. TIME OF INJURY

Hour 1:00 a.m. 6-3-6220d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

State Highway 84

20f. CITY, TOWN, OR LOCATION

R.I. Hayti, Pemiscot, Mo.

COUNTY

Pemiscot

STATE

Mo.

21. I attended the deceased from

1:00 A

to

1:00 A

and last saw him alive on

Death occurred at

1:00 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

Jimmy Johnson, Coroner

(Degree or title)

22b. ADDRESS

Waverly, Mo

22c. DATE SIGNED

6-4-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-6-1962

23c. NAME OF CEMETERY OR CREMATORY

East Woodlawn Cemetery

23d. LOCATION (City, town, or county)

Hayti, Missouri

(State)

24. FUNERAL DIRECTOR

John W. German - Hayti, Mo.

25. DATE RECD. BY LOCAL REG.

6-6-62

26. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

27. REGISTRAR'S SIGNATURE

Charlotte E. Sloan

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59107802078134 05 067 18 29 X1011 07812 91-313 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

John W. German

Licensed Embalmer No. 4355

P. O. Address Hayti, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

*Permit was obtained
- 29*